United States Department of Labor
Employees' Compensation Appeals Board

B.H., Appellant	)	
and	)	**Docket No. 26-0067**
	)	**Issued: March 3, 2026**
U.S. POSTAL SERVICE, HELENA POST OFFICE, Helena, MT, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge

JURISDICTION

On November 3, 2025, appellant filed a timely appeal from an October 16, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.[2]

ISSUE

The issue is whether appellant has met his burden of proof to establish a medical diagnosis in connection with the accepted February 18, 2025 employment incident.

[1] 5 U.S.C. § 8101 *et seq*.

[2] The Board notes that following the October 16, 2025 decision, appellant submitted additional evidence with his appeal to the Board. However, the Board's *Rules of Procedure* provides: "The Board's review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal." 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id.*

FACTUAL HISTORY

On February 18, 2025, appellant, then a 54-year-old rural carrier, filed a traumatic injury claim (Form CA-1) alleging that he injured his lower back when, on that date, he reached down into a hamper and pulled out a package while in the performance of duty. He stopped work on February 18, 2025. Appellant returned to full-time modified duty with restrictions on February 19, 2025.

In a February 18, 2025 statement, appellant related that on February 18, 2025, he was lifting packages from a bin when he felt excruciating pain in his lower back.

In a February 18, 2025 authorization for examination and/or treatment (Form CA-16), the employing establishment authorized appellant to seek medical care for the effects of his injury.

In a February 18, 2025 unsigned attending physician's report, Part B of Form CA-16, an unknown provider noted the history of appellant's February 18, 2025 injury and a preexisting back surgery 20 years prior. Appellant's diagnoses were listed as low back pain and muscle spasm. A box was checked "Yes" indicating a belief that the diagnosed conditions were caused or aggravated by the employment activity. Appellant was released to light-duty work.

In February 18, 2025 report, Arielle Regier, a certified physician assistant, noted appellant's history of injury and a remote history of back surgery over 20 prior, without interval symptoms. She reviewed lumbar x-ray findings of February 18, 2025, noted appellant's physical examination findings, and provided an impression of acute bilateral low back pain with right-sided sciatica, and muscle spasm. In a February 18, 2025 medical status form, Ms. Regier released appellant to modified duty.

In a March 5, 2025 report, Matthew D. Hoffman, a nurse practitioner, related that appellant presented for bilateral shoulder pain. He noted examination findings and provided an assessment of bilateral subacromial impingement.

In a March 12, 2025 report, Amy Lynn Tangedahi, a certified physician assistant, noted that appellant presented with symptoms of chronic low back pain, bilateral lower extremity fatigue, and right ankle pain. She related that appellant, a postal worker, had a large distribution area which required a significant amount of walking and lifting heavy objects. Ms. Tangedahi noted examination findings and provided diagnoses of chronic bilateral low back pain with right-sided sciatica, right ankle pain, unspecified chronicity, and right foot pain.

A March 12, 2025 x-ray of appellant's lumbar spine noted multilevel disc space narrowing and osteophyte formation, no acute fracture, and normal lumbar spine alignment.

In a development letter dated May 29, 2025, OWCP informed appellant of the deficiencies of his claim. It advised him of the type medical evidence required and provided an attending physician's report (Form CA-20) for completion by his treating physician. OWCP afforded appellant 60 days to respond.

OWCP thereafter received February 18, 2025 x-rays of appellant's lumbar spine, which noted mild straightening of the lumbar spine; multilevel disc degeneration with severe loss of disc

height at L5-S1, moderate at L4-5, and mild at L1-2 and L3-4. Mild-to-moderate lower lumbar facet joint arthropathy, mild degeneration of the S1 joints, and pelvic posterior spinous process enthesopathy were also noted.

In a follow-up letter dated July 2, 2025, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish the medical component of his claim. It noted that he had 60 days from the May 29, 2025 development letter to submit the necessary evidence. OWCP further advised that if the necessary medical evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

Appellant submitted an undated statement in which he summarized his medical treatment following the February 18, 2025 incident.

In a July 30, 2025 form report, Dr. David G. Mulholland, a family medicine practitioner, noted that appellant's "unknown conditions" were chronic, permanent/long term, required multiple treatments, and could flare and relapse. He indicated that it was medically necessary for appellant to be absent from work on an intermittent basis starting May 3, 2025.

By decision dated October 16, 2025, OWCP denied appellant's traumatic injury claim. It found that the February 18, 2025 employment incident occurred as alleged however, the medical evidence of record was insufficient to establish a firm diagnosis in connection with the February 18, 2025 employment incident.

LEGAL PRECEDENT

An employee seeking benefits under FECA[3] has the burden of proof to establish the essential elements of his or her claim, including the fact that the individual is an employee of the United States within the meaning of FECA,[4] that the claim was timely filed within the applicable time limitation period of FECA, that an injury was sustained in the performance of duty, as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.[5] These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.[6]

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether fact of injury has been established. There are two components involved in establishing fact of injury. The first component is whether the

[3] *Supra* note 1.

[4] *K.R.*, Docket No. 20-0995 (issued January 29, 2021); *A.W.*, Docket No. 19-0327 (issued July 19, 2019); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

[5] *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

[6] *J.B.*, Docket No. 20-1566 (issued August 31, 2021); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

employee actually experienced the employment incident at the time and place, and in the manner alleged. The second component is whether the employment incident caused an injury.[7]

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.[8] The opinion of the physician must be based on a complete factual and medical background of the employee, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and specific employment incident identified by the employee.[9]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a diagnosed medical condition in connection with the accepted February 18, 2025 employment incident.

In support of his claim, appellant submitted a July 30, 2025 form report completed by Dr. Mulholland. Dr. Mulholland noted that appellant's conditions were chronic, permanent/long term, required multiple treatments, and could flare and relapse. However, he failed to diagnose a specific medical condition. It is appellant's burden of proof to obtain and submit medical documentation containing a firm diagnosis in connection with the accepted employment factors. As this report did not provide a firm diagnosis in connection with the accepted employment incident, it is therefore insufficient to meet appellant's burden of proof.[10]

Appellant also submitted a February 18, 2025 unsigned attending physician's report, Part B of Form CA-16, by an unknown provider. The Board has held that reports that are unsigned or bear an illegible signature lack proper identification and cannot be considered probative medical evidence because the author cannot be identified as a physician.[11] Thus, this report is of no probative value and is insufficient to establish appellant's claim.

[7] *T.H.*, Docket No. 19-0599 (issued January 28, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

[8] *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

[9] *A.S.*, Docket No. 19-1955 (issued April 9, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

[10] *J.C.*, Docket No. 24-0315 (issued May 7, 2024).

[11] *See P.V.,* Docket No. 25-0187 (issued March 17, 2025); *M.H.,* Docket No. 19-0162 (issued July 3, 2019); *see also Z.G.,* Docket No. 19-0967 (issued October 21, 2019); *D.D.,* 57 ECAB 734 (2006); *Merton J. Sills,* 39 ECAB 572, 575 (1988).

OWCP also received reports signed by a certified physician assistant and a nurse practitioner. These reports do not constitute competent medical evidence because neither physician assistants nor nurse practitioners are considered physicians as defined under FECA.[12] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to compensation benefits.[13]

OWCP also received diagnostic x-ray reports of appellant's lumbar spine. The Board has held, however, that diagnostic studies, standing alone, lack probative value as they do not provide an opinion on causal relationship.[14]

As the medical evidence of record is insufficient to establish a diagnosed medical condition in connection with the accepted February 18, 2025 employment incident, the Board finds that appellant has not met his burden of proof.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish a diagnosed medical condition in connection with the accepted February 18, 2025 employment incident.

[12] 5 U.S.C. § 8101(2) provides that "physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law." 20 C.F.R. § 10.5(t). *See also* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (January 2013); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA); *F.A*., Docket No. 24-0014 (issued January 30, 2026) .

[13] *F.A., id.*; *V.R*., Docket No. 19-0758 (issued March 16, 2021); *B.B*., Docket No. 18-0732 (issued March 11, 2020).

[14] *M.E*., Docket No. 18-0940 (issued June 11, 2019); *V.J*., Docket No. 17-0358 (issued July 24, 2018); *John W. Montoya*, 54 ECAB 306 (2003).

ORDER

IT IS HEREBY ORDERED THAT the October 16, 2025 decision of the Office of Workers' Compensation Programs is affirmed.[15]

Issued: March 3, 2026
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

[15] The Board notes that the employing establishment issued a Form CA-16. A completed Form CA-16 authorization may constitute a contract for payment of medical expenses to a medical facility or physician, when properly executed. The form creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. *See* 20 C.F.R. § 10.300(c); *S.G.,* Docket No. 23-0552 (issued August 28, 2023); *J.G.,* Docket No. 17-1062 (issued February 13, 2018); *Tracy P. Spillane,* 54 ECAB 608 (2003).